

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	14-AUG-01 08:59

## Crosswalk Report

CWMS

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Status : FN      Substance Abuse and Mental Health Services Administration  
Media ID : SAMIS      Office of Applied Studies  
Start Date : 01-NOV-90  
End Date :  
Follow-up :

Massachusetts' Treatment Episode Data Set  
Version : 1

K = Key Field

**System**

Massachusetts

Item

Item

Value

State System Data

No.    Treatment Episode Data Set

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<b>1</b>	<b>System Transaction Type</b>	<b>-</b>	<b>System Transaction Type Added to Each Record</b>
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<b>K 2</b>	<b>State Code</b>	<b>MA</b>	<b>FIPS Code Added to Each Record</b>
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<b>3</b>	<b>Reporting Date</b>	<b>-</b>	<b>Month and Year of Submission Added to Each Record</b>
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### Massachusetts' Treatment Episode Data Set Version : 1

K = Key Field

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Massachusetts

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No. Treatment Episode Data Set

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State System Data

<b>K 1</b>	<b>Provider ID</b>	<b>02</b>	<b>Unique NDATUS Identifier</b>
<b>K 2</b>	<b>Client ID</b>	<b>01</b>	<b>Admission Number</b>
<b>K 3</b>	<b>Co-Dependent/Collateral at Admission</b>	<b>11</b>	<b>Client Type</b>
	1 Yes		X Collat.
<b>K 4</b>	<b>Client Transaction Type</b>	<b>32</b>	<b>Admission Type</b>
	T Transfer/Change in Service		N No
	A Initial Admission		Y Yes
<b>K 5</b>	<b>Date of Admission</b>	<b>03</b>	<b>Admit Date</b>
<b>6</b>	<b>Number of Prior Treatments</b>	<b>31</b>	<b>Number of Prior Admissions to Each Substance Abuse Modality</b>
	0 0		0 0
	1 1		1 1
	2 2		2 2
	3 3		3 3
	4 4		4 4
	5 Or More		5 5

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## Massachusetts' Treatment Episode Data Set Version : 1

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No. Treatment Episode Data Set Value State System Data

7	Principal Source of Referral	06	Source of Referral
01	Individual (self)	01	Self, Family Friends, Non Medical Professionals
02	Alcohol/Drug Abuse Provider	02	Triage/Room
02	Alcohol/Drug Abuse Provider	03	Detox
02	Alcohol/Drug Abuse Provider	04	Transitional Care
02	Alcohol/Drug Abuse Provider	05	Short Term Rehab
02	Alcohol/Drug Abuse Provider	06	Residential
02	Alcohol/Drug Abuse Provider	07	Outpatient
02	Alcohol/Drug Abuse Provider	08	Methadone Services
02	Alcohol/Drug Abuse Provider	09	Drunk Driving
02	Alcohol/Drug Abuse Provider	10	Acupuncture
06	Other Community Referral	11	Gambling
02	Alcohol/Drug Abuse Provider	12	Criminal Justice Program
06	Other Community Referral	13	Youth Intervention
02	Alcohol/Drug Abuse Provider	14	Sober House
02	Alcohol/Drug Abuse Provider	15	Information and Referral
02	Alcohol/Drug Abuse Provider	19	Other
03	Other Health Care Provider	20	Health Care Professionals
04	School (education)	30	School Personnel, School Systems
05	Employer/EAP	40	Supervisor/Employee Counselor
06	Other Community Referral	50	Shelter
06	Other Community Referral	51	Community and Religious Organizations
07	Court/Criminal Justice/DUI/DWI	60	Court - Sec35
07	Court/Criminal Justice/DUI/DWI	61	Court - DUI
07	Court/Criminal Justice/DUI/DWI	62	Court - Drugs
07	Court/Criminal Justice/DUI/DWI	63	Court - Other
07	Court/Criminal Justice/DUI/DWI	64	Prerelease. Legal Aid Police
07	Court/Criminal Justice/DUI/DWI	65	Couty House of Correction/Jail
07	Court/Criminal Justice/DUI/DWI	66	State Correctional Facility
07	Court/Criminal Justice/DUI/DWI	67	Dept. of Corrections
07	Court/Criminal Justice/DUI/DWI	68	Dept. of Probation
07	Court/Criminal Justice/DUI/DWI	69	Parole Board

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No.	Treatment Episode Data Set	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>06</b>	<b>Source of Referral</b>
07	Court/Criminal Justice/DUI/DWI	70	Dept of Youth Services
06	Other Community Referral	71	Dept of Social Services
06	Other Community Referral	72	Dept of Mental Health
06	Other Community Referral	73	Dept of Mental Retardation
06	Other Community Referral	74	Dept. of Public Health
06	Other Community Referral	75	Dept. of Public Welfare
06	Other Community Referral	76	Office for Children
06	Other Community Referral	77	Mass. Rehab Commission
06	Other Community Referral	78	Mass. Commission for Blind
06	Other Community Referral	79	Mass. Comm. for Deaf and Hard of Hearing
06	Other Community Referral	80	Out of State Agencies
<b>8</b>	<b>Date of Birth</b>	<b>09</b>	<b>Birth Date</b>
<b>9</b>	<b>Sex</b>	<b>10</b>	<b>Sex</b>
2	Female	F	Female
1	Male	M	Male
<b>10</b>	<b>Race</b>	<b>12</b>	<b>Race</b>
01	Alaskan Native	1	Alaskan Native
02	American Indian	2	American Indian
03	Asian or Pacific Islander	3	Asian/Pacific Islander
04	Black	4	Black
05	White	5	White
20	Other	6	Other
97	Unknown	9	Unknown
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

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No. Treatment Episode Data Set Value State System Data

### 11 Ethnicity

01 Puerto Rican  
04 Other Hispanic  
02 Mexican  
03 Cuban  
04 Other Hispanic  
04 Other Hispanic  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
05 Not of Hispanic Origin  
97 Unknown

### 13 Ethnicity/Ancestry

01 Puerto Rican  
02 Dominican  
03 Mexican  
04 Cuban  
05 Central American  
06 Other Hispanic  
07 Brazilian  
08 Cape Verdean  
09 Other Portuguese  
10 Chinese  
11 Cambodian  
12 Vietnamese  
13 Laotian  
14 Other Asian  
15 Haitian  
16 West Indian  
17 Pakistani/Asian Ind  
18 European  
19 African  
20 North American  
21 Other  
98 Unknown

### 12 Education

### 17 Highest Grade Completed in School

### 13 Employment Status

04 Not in Labor Force  
03 Unemployed  
02 Part Time  
01 Full Time

### 18 Employment Status

0 Not in Labor force  
1 Looking for Work  
2 Working Part Time  
3 Working Full Time

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No. Treatment Episode Data Set Value State System Data

14	Substance Problem Codes	-	Pattern of Substance Abuse
01	None	36-0	Age of First Use
02	Alcohol	A	Alcohol
03	Cocaine, Crack	B	Cocaine
03	Cocaine, Crack	C	Crack
04	Marijuana, Hashish, THC	D	Marijuana/Hashish
05	Heroin	E	Heroin
06	Non-Prescription Methadone	F	Non Rx Methadone
07	Other Opiates and Synthetics	G	Oth. Opiates/Synthetics
08	PCP	H	PCP
09	Other Hallucinogens	I	Oth. Hallucinogens
10	Methamphetamines	J	Methamphetamine
11	Other Amphetamines	K	Oth. Amphetamines
12	Other Stimulants	L	Oth. Stimulants
13	Benzodiazepines	M	Benzodiazepine
14	Other Tranquilizers	N	Oth Tranquilizers
15	Barbiturates	O	Barbiturates
16	Other Sedatives or Hypnotics	P	Oth Sedatives/Hypnotics
17	Inhalants	Q	Inhalants
18	Over-the-Counter	R	Over the Counter
20	Other	S	Other

15	Usual Route of Administration	39	Usual Route of Administration
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	5	Other

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<b>16</b>	<b>Frequency of Use</b>	<b>38</b>	<b>Frequency of Use</b>
01	No past month use	1	Less Than Once a Month
02	1-3 times in past month	2	1-3 Times Per Month
03	1-2 times per week	3	1-2 Times Per Weekk
04	3-6 times per week	4	3-6 Times Per Week
05	Daily	5	Daily
<b>17</b>	<b>Age of First Use or Alcohol Intoxication</b>	<b>36</b>	<b>Age of First Use</b>
00-96	Range of Age	1-96	1-96
<b>K 18</b>	<b>Services</b>	<b>-</b>	<b>Agency Code</b>
02	Free-standing Residential	11	Detox
02	Free-standing Residential	13	Detox Non Medical
04	Short-term, <=30 days	15	Transitional Care Facility
05	Long-term, >30 days	21	Recovery Home
05	Long-term, >30 days	22	Therapeutic Community
05	Long-term, >30 days	23	Youth Residential
04	Short-term, <=30 days	24	Short Term Intensive Treatment
05	Long-term, >30 days	25	Sober House
04	Short-term, <=30 days	26	DUIL
07	Outpatient	31	Outpatient Counseling
07	Outpatient	33	Methadone
08	Detoxification	38	Acupuncture
<b>19</b>	<b>Use of Methadone Planned as Part of Treatment</b>	<b>2,11</b>	<b>Agency Code, Client Type</b>
1	Yes	(11)X	Meth
1	Yes	(2)33	Methadone Services



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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	Substance Abuse Diagnosis Based on DSM III-R Criteria	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	30	Prior Mental Health Treatment	
	2 No		0 Has No Prior Mental Health Treatment History	
	1 Yes		1 No Treatment History But Obvious Problem	
	1 Yes		2 Has Received Counseling For Mental Health Problem	
	1 Yes		3 Has One Hospitalization For Mental Health Problem	
	1 Yes		4 Has More Than One Hospitalization For Mental Health Problem	
6	Pregnant at Time of Admission	11	Client Type	
	1 Yes		X Preg	
	2 No		X Collat	
7	Veteran Status	11	Client Type	
	2 No		X Collat	
	1 Yes		X Vet	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>8</b>	<b>Living Arrangements</b>	<b>21</b>	<b>Where Does Client Usually Live</b>	
03	Independent Living	1	House or Apartment	
03	Independent Living	2	Room/Boarding House	
02	Dependent Living	3	Institution	
02	Dependent Living	4	Group Home	
01	Homeless	5	Shelter/Mission	
01	Homeless	6	On The Streets	
<b>9</b>	<b>Primary Source of Income or Support</b>	<b>-</b>	<b>Not Collected</b>	
<b>10</b>	<b>Health Insurance</b>	<b>24</b>	<b>Health Insurance</b>	
01	Private Insurance	X	Private Insurance	
02	Blue Cross/Blue Shield	X	Blue Cross/Blue Shield	
03	Medicare	X	Medicare	
04	Medicaid	X	Medicaid	
06	Health Maintenance Organization (HMO)	X	HMO	
20	Other	X	Other	
21	None	X	None	
<b>11</b>	<b>Expected Primary Source of Payment for This Treatment Episode</b>	<b>-</b>	<b>Not Collected</b>	
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>-</b>	<b>Not Collected</b>	

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**Optional**

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	<b>06</b>	<b>Source of Referral</b>	
01	State/Federal Court	60	Court - Sec 35	
07	DUI/DWI	61	Court - DUI	
01	State/Federal Court	62	Court Drugs	
01	State/Federal Court	63	Court - Other	
02	Formal Adjudication Process (other than above)	64	Prerelease, Legal Aid Police	
06	Prison	65	County House of Correction/Jail	
06	Prison	66	State Correction Facility	
06	Prison	67	Dept of Corrections	
03	Probation/Parole	68	Dept of Probation	
03	Probation/Parole	69	Parole Board	
04	Recognized Legal Entity (other than above)	70	Dept of Youth Services	
<b>14</b>	<b>Marital Status</b>	<b>15</b>	<b>Marital Status</b>	
01	Never Married	0	Never married	
02	Now Married or Cohabiting	1	Married	
03	Separated (legally or otherwise absent)	2	Separated	
04	Divorced	3	Divorced	
05	Widowed	4	Widowed	
<b>15</b>	<b>Time Waiting to Enter Treatment</b>	-	<b>Not Collected</b>	

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### Massachusetts' Treatment Episode Data Set Version : 1

K = Key Field

#### Discharge

Massachusetts

Item

Item

Value

State System Data

No. Treatment Episode Data Set

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104	Provider ID at Discharge	-	Not Collected Yet - Discharge Information
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105	Client Identifier	-	Not Collected Yet - Discharge Information
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106	Co-Dependent/Collateral At Discharge	-	Not Collected Yet - Discharge Information
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109	Service at Discharge	-	Not Collected Yet - Discharge Information
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146	Date of Last Contact	-	Not Collected Yet - Discharge Information
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147	Date of Discharge	-	Not Collected Yet - Discharge Information
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149	Reason for Discharge	-	Not Collected Yet - Discharge Information
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Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report